

Appendix B - EOHHS Accountable Care Organization Quality Appendix

This Appendix details how EOHHS will calculate the Contractor's Quality Score and DSRIP Accountability Score as described in the Contract. EOHHS reserves the right to modify the methodology set forth herein prior to execution of the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. EOHHS anticipates ongoing evaluation of this methodology, including but not limited to the list of Quality Measures, during the Contract Term. EOHHS anticipates engaging the Contractor and other ACOs as well as other stakeholders in this evaluation process. The following information is included:

1. Overview of Quality Score and DSRIP Accountability Score

2. Methodology to calculate Quality Score

- a. List of Quality Measures**
- b. Member Experience Survey**
- c. Quality Measure scoring methodology for all measures except Avoidable Utilization Quality Measures**
- d. Quality Measure scoring methodology for Avoidable Utilization Quality Measures only**
- e. Domain scoring methodology for all measures (including Avoidable Utilization Quality Measures)**
- f. Methodology for establishing performance benchmarks for Quality Measures**
- g. Quality Score calculation**

3. Methodology to calculate DSRIP Accountability Score

- a. Overall approach**
- b. TCOC performance**
- c. Quality Performance**
- d. DSRIP Accountability Score**

1 Overview of Quality Score and DSRIP Accountability Score

The Contractor shall receive, for each Performance Year, a Quality Score and a DSRIP Accountability Score, which may be two different values. The Contractor's Quality Score shall modify the Contractor's Shared Savings or Shared Losses payments, as described in Section 2.7 of the Contract. The Contractor's DSRIP Accountability Score shall be used to determine the proportion of the Contractor's withheld DSRIP payments the Contractor receives, as described in Section 5 of the Contract.

The Contractor's Quality Score and DSRIP Accountability Score shall be calculated as described in this Appendix and as further specified by EOHHS. Section 2 of this Appendix describes how the Contractor's Quality Score is calculated. Section 3 of this Appendix describes how the Contractor's DSRIP Accountability Score is calculated.

2 Methodology to calculate Quality Score

The Contractor's Quality Score is based on a weighted average of the Contractor's scores across a set of individual measures that are grouped into domains. This Section of the Appendix describes the individual measures, the methodology EOHHS will use to calculate the Contractor's score for each measure, and the methodology EOHHS will use to calculate and average domain scores to produce the Contractor's Quality Score.

2.1 List of Quality Measures

Quality Measures include claims-based measures, Clinical Quality Measures, and member care experience surveys across the following seven domains:

- Prevention and Wellness
- Chronic Disease Management
- Behavioral Health / Substance Use Disorder
- Long-Term Services and Supports
- Avoidable Utilization
- Progress Towards Integration Across Physical Health, Behavioral Health, LTSS, and Health-Related Social Services
- Member Care Experience

In calculating the Contractor's Quality Score, EOHHS will apply a weight to each domain. The Quality Measures Domain Weights are presented in Exhibit 1.

EXHIBIT 1 – Quality Domain Weights

Domain	# of Measures (Pay-for- Performance (P4P)/ Pay-for- Reporting Only (P4R Only))	# of Clinical P4P Measures	Performance Year 1 (reporting only, focused on Clinical Quality Measures)	Performance Years 2-5
Prevention & Wellness	10 (10/0)	9	20%	10%
Chronic Disease Management	5 (5/0)	2	20%	15%
Behavioral Health / Substance Use	9 (9/0)	2	25%	15%
Long Term Services and Supports	1 (1/0)	1	10%	5%
Avoidable Utilization	3 (2/1)	0	0%	20%
Progress Towards Integration Across Physical Health, Behavioral Health, LTSS, and Health-Related Social Services	11 (5/6)	5	25%	20%
Member Care Experience	TBD	0	0%	15%
Total	39+ (32+/7+)	19	100%	100%

In Performance Year 1, quality is “pay-for-reporting” – i.e., the Contractor will be required to report all Clinical Quality Measures satisfactorily to achieve a full score. Beginning in Performance Year 2, the Quality Measures will be pay-for-performance (P4P) – i.e., the Contractor’s score will be based on the Contractor’s performance. Certain Quality Measures are “pay-for-reporting only” measures – i.e., EOHHS anticipates that it will monitor and report on the Contractor’s performance on these Measures for the duration of the DSRIP period, but performance on these measures will not impact the Contractor’s Quality Score.

If the Contractor has an insufficient number of Attributed Members (based on a Measure’s specifications) for a Measure, then the Contractor may request that EOHHS exempt the Contractor from that particular Measure, as set forth in the Contract. EOHHS may grant such request in its discretion. If EOHHS grants such request, EOHHS may adjust the domain weights for the Contractor.

Please see Exhibit 2 for the list of Quality Measures.

EXHIBIT 2 – Anticipated ACO Quality Measure Slate

#	Measure	Description	Data Source		Measure Steward	NQF #
			Claims	Chart Review Data		
1	Well child visits in first 15 months of life	Percentage of ACO Attributed Members who turned 15 months old during the measurement period and who had 6 or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.		X	NCQA - Health Plan	1392
2	Well child visits 3-6 yrs	Percentage of ACO Attributed Members 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement period.		X	NCQA - Health Plan	1516
3	Adolescent well-care visit	Percentage of ACO Attributed Members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrics and gynecology (OB/GYN) practitioner during the measurement period.		X	NCQA - Health Plan	N/A
4	Weight Assessment / Nutrition Counseling and Physical Activity for Children/Adolescents	Percentage of ACO Attributed Members 3 to 17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement period: (1) body mass index (BMI) percentile documentation, (2) counseling for nutrition, and (3) counseling for physical activity.		X	NCQA - ACO	0024
5	Prenatal Care	Timeliness of Prenatal Care: The percentage of deliveries of live births to ACO Attributed Members (up to age 64) between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of attribution to the ACO.		X	NCQA - Health Plan	1517
6	Postpartum Care	Postpartum Care: The percentage of deliveries of live births to ACO Attributed Members (up to age 64) between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.		X	NCQA - Health Plan	1517
7	Oral Evaluation, Dental Services	Percentage of ACO Attributed Members under age 21 years who received a comprehensive or periodic oral evaluation as a dental service within the measurement period.	X		American Dental Association on behalf of the Dental Quality Alliance	2517

8	Tobacco Use: Screening and Cessation Intervention	Percentage of ACO Attributed Members ages 18 to 64 who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.		X	American Medical Association on behalf of the Physician Consortium for Performance Improvement® - Medical Specialty Society	0028
9	Adult BMI Assessment	Percentage of ACO Attributed Members ages 18 to 64 who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement period		X	NCQA - ACO	N/A
10	Immunization for Adolescents	Percentage of adolescents 13 years of age who had the recommended immunizations (meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td)) by their 13th birthday. The measure will calculate a combination rate using Combo-1. [2017 HEDIS Spec will be updated Oct 2016 to include HPV vaccine.]		X	NCQA - ACO	1407
Chronic Disease Management						
11	Controlling High Blood Pressure	Percentage of ACO Attributed Members 18 to 64 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement period, based on age/condition-specific criteria		X	NCQA - ACO	0018
12	COPD or Asthma Admission Rate in Older Adults	All discharges with a principal diagnosis code for COPD or asthma in adults ages 40 to 64, for ACO Attributed Members with COPD or asthma, with risk-adjusted comparison of observed discharges to expected discharges for each ACO.	X		CMS	N/A
13	Asthma Medication Ratio	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	X		NCQA - Health Plan	1800
14	Comprehensive Diabetes Care: A1c Poor Control	The percentage of ACO Attributed Members 18 to 64 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.		X	NCQA - Health Plan	0059

15	Diabetes Short-Term Complications Admission Rate	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 ACO Attributed Members months ages 18 to 64. Excludes obstetric admissions and transfers from other institutions.	X		CMS	0272
Behavioral Health / Substance Abuse						
16	Developmental Screening for behavioral health needs: Under Age 21	Percentage of ACO Attributed Members under age 21 screened for behavioral health needs using an age appropriate EOHHS approved developmental screen	X		EOHHS	N/A
17	Screening for clinical depression and documentation of follow-up plan: Age 12+	Percentage of ACO Attributed Members age 12 to 64 screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented		X	CMS	0418
18	Depression Remission at 12 months	Percentage of ACO Attributed Members age 18-64 with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months (Defined as PHQ-9 score less than 5). Or a response to treatment at 12 months (+/- 30 days) after diagnosis or initiating treatment. (Patient Health Questionnaire-9 (PHQ-9) score decreased by 50% from initial score at 12 months (+/- 30 days).		X	Minnesota Community Measurement (also adapted by CMS and NCQA)	710
19	Initiation and Engagement of AOD Treatment (Initiation)	Percentage of ACO Attributed Members ages 13 to 64 diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and ½ months of the measurement year who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.	X		NCQA - ACO	0004
20	Initiation and Engagement of AOD Treatment (Engagement)	Percentage of ACO Attributed Members ages 13 to 64 diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and ½ months of the measurement year who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	X		NCQA - ACO	0004
21	Follow-Up After Hospitalization for Mental Illness (7-day)	Percentage of discharges for ACO Attributed Members ages 6 to 64 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of discharge.	X		NCQA - ACO	0576

22	Follow-up care for children prescribed ADHD medication - Initiation Phase	Percentage of ACO Attributed Members 6 to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.	X		NCQA - ACO	0108
23	Follow-up care for children prescribed ADHD medication - Continuation Phase	Percentage of ACO Attributed Members 6 to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	X		NCQA - ACO	0108
24	Opioid Addiction Counseling	Percentage of ACO Attributed Members ages 18 to 64 with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period.	X		EOHHS	N/A
Long Term Services and Supports						
25	Assessment for LTSS	Percentage of ACO Attributed Members (up to age 64) with an identified LTSS need with documentation of an age appropriate EOHHS-approved assessment.		X	EOHHS	N/A
Integration						
26	Utilization of Behavioral Health Community Partner Care Coordination Services	Percentage of ACO Attributed Members who are also BH-CP eligible (up to age 65) who had at least one Behavioral Health Community Partner care coordination support during the measurement period.	X		EOHHS	N/A
27	Utilization of Outpatient BH Services	Percentage of ACO Attributed Members (up to age 65) with a diagnosis of SMI, SED, and/or SUD that have utilized outpatient BH services during the measurement period	X		NCQA - Health Plan	N/A
28	Hospital Admissions for SMI/SED/SUD Population	Risk-adjusted percentage of ACO Attributed Members (up to age 65) with a diagnosis of SMI, SED, and/or SUD who were hospitalized for treatment of selected mental illness diagnoses or substance use disorder (regardless of primary or secondary diagnosis)	X		EOHHS	N/A
29	Emergency Department Utilization for SMI/SED/SUD Population	Risk-adjusted ratio of observed to expected ED visits during the measurement period, for ACO Attributed Members (up to age 65) with a diagnosis of SMI, SED, and/or SUD for a selected mental illness or substance use disorder that is either the primary or secondary diagnosis	X		EOHHS	N/A

30	Emergency Department Care Coordination of ED Boarding Population	Percentage of ACO Attributed Members boarding in the ED for whom a referral was made by the ED to the PCP or Community Partner (CP) upon discharge. Boarding defined as ≥ 48 hours in the ED.		X	EOHHS	N/A
31	Utilization of LTSS Community Partners	Percentage of ACO Attributed Members who are also LTSS CP-eligible (up to age 65) who received at least one LTSS CP support during the measurement period	X		EOHHS	N/A
32	All Cause Readmission among LTSS CP eligible	Percentage of ACO Attributed Members who are also LTSS CP eligible (up to age 65) who were hospitalized and subsequently readmitted to a hospital within 30 days following discharge from the hospital for the index admission.	X		EOHHS	N/A
33	Social Service Screening	Percentage of ACO Attributed Members (up to age 65) who were screened for social service needs.	X		EOHHS	N/A
34	Utilization of Flexible Services	Percentage of ACO Attributed Members (up to age 65) recommended by their care team to receive flexible services support that received flexible services support.		X	EOHHS	N/A
35	Care Plan Collaboration Across PC, BH, LTSS, and SS, Providers	Percentage of ACO Attributed Members (up to age 65) identified for care management/care coordination with documentation of a care plan that: - is developed by/shared with primary care, behavioral health, LTSS, and social service providers, as applicable - addresses needs identified in relevant assessments/screenings - is approved by member (or caregiver, as appropriate).		X	EOHHS	N/A
36	Community Tenure	Measure will assess ACO's ability to support and retain member placement in the community. Measure under development. Potential examples include:		X	EOHHS	N/A
		1. Percentage of ACO Attributed Members who transitioned to the community from an LTC facility and did not return to a facility during the subsequent 12 months period.				
		2. Percentage of Days in Community for ACO Attributed Members with at least one index discharge from a LTC facility: (Total Eligible Days – Total Institutional Care Days)/Total Eligible Days				

		3. Average or median days of community tenure for ACO Attributed Members with an index discharge (during the measurement year) from a long term stay institution to a community setting who were admitted to a long term stay institution within 180 day period following the index discharge. Note: Community setting definition should follow CMS HCBS Final Rule 2249-F and 2296-F.				
Avoidable Utilization						
37	Potentially Preventable Admissions	Risk-adjusted ratio of observed to expected ACO Attributed Members who were hospitalized for a condition identified as "ambulatory care sensitive"	X		3M	N/A
38	All Condition Readmission	Risk-adjusted ratio of observed to expected ACO Attributed Members (up to age 65) who were hospitalized and who were subsequently hospitalized and readmitted to a hospital within 30 days following discharge from the hospital for the index admission.	X		CMS	1789
39	Potentially Preventable Emergency Department Visits	Risk-adjusted ratio of observed to expected emergency department visits for ACO Attributed Members ages 18 to 64 per 1,000 member months.	X		3M	N/A

2.2 Member Experience Survey

EOHHS will use survey instruments to evaluate the Attributed Member experience for its ACO program. EOHHS intends to use a nationally validated survey, such as the CAHPS Clinician and Group Survey. EOHHS anticipates including survey questions related to EOHHS' delivery system reform priorities, such as a Patient-Centered Medical Home supplement and specific questions related to the integration of physical health, Behavioral Health, Long Term Services and Supports, and health related social needs. EOHHS anticipates this survey will initially focus on Attributed Member experience in the Primary Care setting, but will expand in subsequent Performance Years. EOHHS intends to phase in new approaches to evaluating Attributed Member experience over time, including survey instruments that evaluate Attributed Member experience with the services provided by Behavioral Health and Long Term Services and Support providers.

2.3 Quality Measure Scoring Methodology for All Measures Except Avoidable Utilization Quality Measures

The Contractor may receive "achievement points" and "improvement points" for each Quality Measure.

2.3.1 Achievement Points

The Contractor may receive up to a maximum of two (2) achievement points for each Quality Measure, as follows:

1. EOHHS will establish an "attainment threshold" and an "excellence benchmark" for each Quality Measure
 - a. "Attainment threshold" is a low performance standard that sets the minimum level of performance at which the Contractor can earn achievement points (e.g. 25% percentile of HEDIS scores)
 - b. "Excellence benchmark" is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e. 2 points) (e.g. 90% percentile of HEDIS scores)
2. EOHHS will calculate the Contractor's performance score on the Quality Measure based on the measure specifications
3. EOHHS will award the Contractor between zero (0) and two (2) achievement points as follows:
 - a. If the Contractor's performance score is less than the attainment threshold: 0 achievement points
 - b. If the Contractor's performance score is greater than or equal to the excellence benchmark: 2 achievement points
 - c. If the performance score is between the attainment threshold and excellence benchmark: achievement points earned are determined by the formula:
 - i. $2 * ((\text{Performance Score} - \text{Attainment Threshold}) / (\text{Excellence Benchmark} - \text{Attainment Threshold}))$

EXHIBIT 3 – Example Calculation of Achievement Points for Measure A**Measure A attainment threshold** = 45% (corresponding to 25th percentile of HEDIS benchmarks)**Measure A excellence benchmark** = 80% (corresponding to 90th percentile of HEDIS benchmarks)**Scenario 1:**

- Measure A performance score = 25%
- Achievement points earned = 0 points

Scenario 2:

- Measure A performance score = 90%
- Achievement points earned = 2 points

Scenario 3:

- Measure A performance score = 60%
- Achievement points earned = $2 * ((60\% - 45\%) / (80\% - 45\%)) = 0.86$ points

2.3.2 Improvement Points

The Contractor may receive up to a maximum of two (2) improvement points for each Quality Measure; however, the total number of improvement points the Contractor receives across all the Quality Measures in a given measure domain may not exceed 50% of the total number of achievement points available for that measure domain.

The Contractor may only receive improvement points for a Quality Measure if the Contractor has a valid performance score for that Quality Measure from both the current Performance Year and the preceding Performance Year.

For each such measure, EOHHS will apply a statistical test (e.g. based on a Chi-squared test) to determine whether there is improvement in the Contractor's performance score between the two Performance Years, and EOHHS will calculate a p-value based on the standard statistical test. For each such Measure, EOHHS will award the Contractor either zero (0) or two (2) improvement points as follows:

- If the Contractor does not have a performance score for the Quality Measure in the previous Performance Year: 0 improvement points
- If the Contractor's performance score for the Quality Measure does not show statistically significant improvement (e.g., based on a Chi-squared test with a p-value greater than 0.10) over the Contractor's performance score during the previous Performance Year: 0 improvement points
- If the Contractor's performance score for the Quality Measure shows statistically significant improvement (e.g., based on a Chi-squared test with a p-value less than or equal to 0.10) over the Contractor's performance score during the previous Performance Year: 2 improvement points

EXHIBIT 4 – Example Calculation of Improvement Points for Measure B**Measure B performance score in Performance Year (PY) 2 = 45%****Measure B performance score in PY3 = 50%****Scenario 1:**

- P-value for comparison of Measure B's performance scores in PY2 and PY3: 0.12
- Improvement points earned = 0 points

Scenario 2:

- P-value for comparison of Measure B's performance scores in PY2 and PY3: 0.04
- Improvement points earned = 2 points

2.4 Quality Measure scoring methodology for Avoidable Utilization Quality Measures only

For the potentially preventable admissions (PPAs), and hospital all-cause readmissions measures, the Contractor will be measured against a reduction target. EOHHS will establish the Contractor's reduction target based on the Contractor's baseline performance relative to other ACOs (i.e., Accountable Care Partnership Plans, Primary Care ACOs, and MCO-Administered ACOs) that EOHHS contracts with, as follows:

1. EOHHS will rank the baseline performance of all ACOs, including the Contractor, on the Quality Measure. EOHHS anticipates measuring baseline performance using calendar year 2017 for Performance Years 2-5 (Performance Year 1 is pay-for-reporting for these measures)
2. EOHHS will segment ACOs into quartiles based on the resulting ranking
3. ACOs with worse baseline performance (i.e. higher rates of PPAs or readmissions) will have higher reduction targets, as specified in Exhibits 5 and 6 below

EXHIBIT 5 – Preliminary Reduction Targets for 3M's Potentially Preventable Admissions (PPA) Measure

PPA Quartile	Reduction Targets from Baseline Performance				
	Performance Year(PY) 1	PY2	PY3	PY4	PY5
1 (better)	Reporting only	3%	4.5%	9%	12%
2		4%	7%	12%	15%
3		5%	10%	15%	18%
4 (worse)		6%	13%	18%	21%

EXHIBIT 6 – Preliminary Reduction Targets for NQF #1789 (Hospital All-Cause Readmissions)

NQF #1789 Quartile	Reduction Targets from Baseline Performance				
	Performance Year(PY) 1	PY2	PY3	PY4	PY5
1 (<i>better</i>)	Reporting only	3%	7.5%	12.5%	16%
2		4%	9.5%	15%	20%
3		5%	12.5%	18.5%	24%
4 (<i>worse</i>)		6%	14%	22%	28%

If the Contractor meets or surpasses the reduction target for a Quality Measure, then EOHHS will award the Contractor the full two (2) achievement points for that Measure. If the ACO does not meet the reduction target for the Measure, then EOHHS will award the Contractor zero (0) achievement points.

2.5 Domain Scoring Methodology for All Measures (Including Avoidable Utilization Measures)

EOHHS will calculate domain scores for all measure domains. The score for a specific domain will be calculated by summing the achievement points and improvement points for all Quality Measures in that measure domain, and then dividing the resulting sum by the maximum number of achievement points in the domain to produce an unweighted domain score. The unweighted domain score cannot exceed one (1); i.e., the sum of achievement points and improvement points in each domain cannot exceed the maximum number of achievement points an ACO is eligible to earn in a given domain.

EXHIBIT 7 – Example Calculations of Unweighted Domain Score

Example 1:

- Domain only has two Quality Measures (Measure A and Measure B)
 - Therefore, maximum number of achievement points is $2 \times 2 = 4$ points
- Measure A:
 - Achievement points: 1.5
 - Improvement points: 0
- Measure B:
 - Achievement Points: 0
 - Improvement Points: 2
- Maximum number of improvement points: $4 \times 50\% = 2$
- Total achievement points: $1.5 + 0 = 1.5$
- Total improvement points: 2 points
- Sum of achievement and improvement points: $1.5 + 2 = 3.5$ points
- Unweighted domain score = $3.5 / 4 * 100 = 87.5\%$

Example 2:

- Domain only has two measures (Measure A and Measure B)
 - Therefore, maximum number of achievement points is $2 \times 2 = 4$ points
 - Measure A:
 - Achievement points: 2
 - Improvement points: 2
 - Measure B:
 - Achievement Points: 1.3
 - Improvement Points: 2
 - Maximum number of improvement points: $4 \times 50\% = 2$
 - Total achievement points: $2 + 1.3 = 3.3$
 - Total improvement points: 2 points (points restricted by cap)
 - Sum of achievement and improvement points: $3.3 + 2 = 5.3$ points
 - However, total number of points cannot exceed maximum number of achievement points
 - Therefore, achievement + improvement points = 4
 - Unweighted domain score = $4 / 4 * 100 = 100\%$
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2.6 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold and excellence benchmark for each Quality Measure. EOHHS anticipates establishing these performance benchmarks as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentile benchmarks
- For Quality Measures based on other national standards, EOHHS anticipates using those national benchmark sources. Currently, there is only one Quality Measure for which this situation applies – the oral health evaluation measure, which uses CMS 416/EPSTD data
- For non-HEDIS claims-based Quality Measures, EOHHS anticipates using existing MassHealth data sources such as MassHealth historical claims or encounter data
- For non-HEDIS Clinical Quality Measures, or other Quality Measures that EOHHS has not generally collected through prior initiatives (e.g., integration measures), EOHHS anticipates using MassHealth benchmarks based on the ACO-attributed population

2.7 Methodology to Calculate Quality Score

EOHHS will calculate the Contractor's Quality Score by multiplying the unweighted domain scores for each domain by the domain weights detailed in Exhibit 1, and then summing the resulting weighted domain scores together. The Contractor's Quality Score will be a number between zero (0) and one (1), inclusive.

3 Methodology to calculate DSRIP Accountability Score

3.1 Overall Approach

The amount of at-risk DSRIP funds a Contractor earns will be determined by its DSRIP Accountability Score. The Contractor's DSRIP Accountability Score will be based on the ACO's TCOC achievement, as well as their quality performance on the same seven Quality Measure domains used for the Contractor's Quality Score. The Contractor's TCOC achievement will be calculated as described in Section 3.2 below; the Contractor's quality performance will be calculated as described in Section 3.3 below. The relative contributions of the Contractor's TCOC achievement and quality performance are detailed in Exhibit 8:

EXHIBIT 8 – ACO DSRIP Accountability Domains

DSRIP Accountability Domain	% Contribution to DSRIP Accountability Score		
	Performance Year (PY) 0	PY 1-2	PY 3-5
Total Cost of Care achievement	NA	NA	25%
Quality performance	NA	100%	75%

3.2 Total Cost of Care performance

This domain reflects a Contractor's TCOC Performance for its Attributed Members, relative to the Contractor's TCOC Benchmark as described in Section 2.7 of the Contract. The Contractor's TCOC component of its DSRIP Accountability Score will be calculated in the following manner:

- If the Contractor's TCOC Performance is lower than the Contractor's TCOC Benchmark (i.e., the Contractor has Savings), as described in Section 2.7 of the Contract, the Contractor's TCOC component of its DSRIP Accountability Score equals 100%
- If the Contractor's TCOC Performance exceeds the Contractor's TCOC Benchmark by more than 5% of the Contractor's TCOC Benchmark, as described in Section 2.7 of the Contract, the Contractor's TCOC component of its DSRIP Accountability Score equals 0%
- If the Contractor's TCOC Performance exceeds the Contractor's TCOC Benchmark by less than 5% of the Contractor's TCOC Benchmark, the Contractor's TCOC component of its DSRIP Accountability Score equals: one (1) minus (the Contractor's TCOC Performance minus the Contractor's TCOC Benchmark) / (5% of the Contractor's TCOC Benchmark)

3.3 Quality performance

The Contractor's quality component of the DSRIP Accountability Score will be the exact same number as the Contractor's Quality Score, as described in Section 2.

3.4 DSRIP Accountability Score

EOHHS will calculate the Contractor's DSRIP Accountability Score by multiplying the Contractor's TCOC component of its DSRIP Accountability Score (as calculated in Section 3.2 above) and the Contractor's quality component of its DSRIP Accountability Score (as described in Section 3.3 above) by the domain weights in Exhibit 8 above, and summing the resulting amounts together. The resulting number is the Contractor's DSRIP Accountability Score, which will be a number between zero (0) and one (1), inclusive.